

DON'T BE A WEAK LINK:

The Role *Overdose Lifeline* Plays



verdose Lifeline, Inc.

A LIFE AND WORLD WITH NO STIGMA

We envision a time when addiction does not carry a stigma in society but instead is provided the attention and care required of a chronic disease.

To realize that vision, Overdose Lifeline is working on behalf of individuals affected by the disease of addiction and their families to assure adequate resources and support exists.



What we do

Prevention, Education and Training

Programs and training for businesses, communities, educators, families, healthcare, law enforcement, and more. Includes "This is (Not) About Drugs", an outcomes-driven, science-based youth opioid prevention program - incorporating NIDA principles, risk and protective factors.

overdose-lifeline.org/education

Naloxone Distributions

Aaron's Law (SEA-406) went into effect April 2015 providing increased access to naloxone. A statewide standing order was issued in July 2016 allowing an individual, family member or friend to visit an IN pharmacy without the need for a prescription. As a registered entity with the state, Overdose Lifeline services:

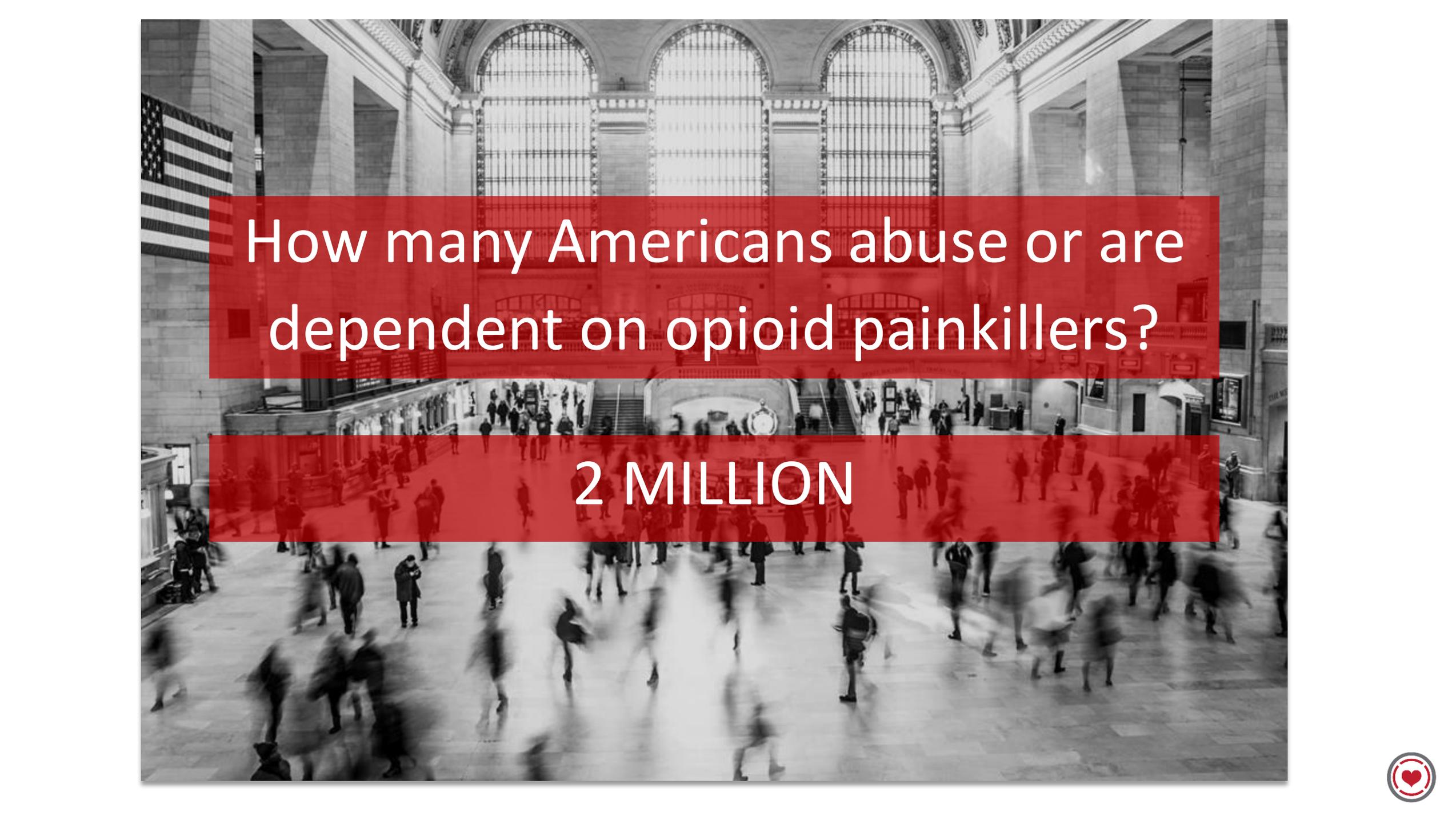
FIRST RESPONDERS: Provides training and equips first responder personnel with naloxone across the state of Indiana.
overdose-lifeline.org/first-responders

LAYPERSON: Provides education, resources and works with communities and groups to set-up naloxone distribution and training events around the state of Indiana.
overdose-lifeline.org/naloxone

Lifeline for Loss

Monthly support group, facilitated by a licensed therapist, for parents and families recovering from an overdose loss.
overdose-lifeline.org/support-group



A black and white photograph of the interior of Grand Central Terminal in New York City. The image shows the iconic vaulted ceiling with three large arched windows, a large American flag on the left, and a busy crowd of people walking through the main concourse. A semi-transparent red rectangular overlay is positioned across the middle of the image, containing white text.

How many Americans abuse or are dependent on opioid painkillers?

2 MILLION



How much has the number of prescriptions written for opioids risen between 1991 and 2013?



172%



How does this compare?

- In 2013, 44 people in the U.S. died related to prescription opioid overdoses, totaling 16,235 for the year.
- The number of people with prescription opioid dependence is now 3.5 times greater than the number of people with heroin dependence.



10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2014

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 991	Unintentional Drowning 388	Unintentional MV Traffic 345	Unintentional MV Traffic 384	Unintentional MV Traffic 6,531	Unintentional Poisoning 9,334	Unintentional Poisoning 9,116	Unintentional Poisoning 11,009	Unintentional Poisoning 7,013	Unintentional Fall 27,044	Unintentional Poisoning 42,032
2	Homicide Unspecified 119	Unintentional MV Traffic 293	Unintentional Drowning 125	Suicide Suffocation 225	Homicide Firearm 3,587	Unintentional MV Traffic 5,856	Unintentional MV Traffic 4,308	Unintentional MV Traffic 5,024	Unintentional MV Traffic 4,554	Unintentional MV Traffic 6,373	Unintentional MV Traffic 33,736
3	Homicide Other Spec., Classifiable 83	Homicide Unspecified 149	Unintentional Fire/Bum 68	Suicide Firearm 174	Unintentional Poisoning 3,492	Homicide Firearm 3,260	Suicide Firearm 2,830	Suicide Firearm 3,953	Suicide Firearm 3,910	Suicide Firearm 5,367	Unintentional Fall 31,959
4	Unintentional MV Traffic 61	Unintentional Suffocation 120	Homicide Firearm 58	Homicide Firearm 115	Suicide Firearm 2,270	Suicide Firearm 2,829	Suicide Suffocation 2,057	Suicide Suffocation 2,321	Unintentional Fall 2,558	Unintentional Unspecified 4,590	Suicide Firearm 21,334
5	Undetermined Suffocation 40	Unintentional Fire/Bum 117	Unintentional Other Land Transport 36	Unintentional Drowning 105	Suicide Suffocation 2,010	Suicide Suffocation 2,402	Homicide Firearm 1,835	Suicide Poisoning 1,795	Suicide Poisoning 1,529	Unintentional Suffocation 3,692	Suicide Suffocation 11,407
6	Unintentional Drowning 29	Unintentional Pedestrian, Other 107	Unintentional Suffocation 34	Unintentional Fire/Bum 49	Unintentional Drowning 507	Suicide Poisoning 800	Suicide Poisoning 1,274	Unintentional Fall 1,340	Suicide Suffocation 1,509	Unintentional Poisoning 1,993	Homicide Firearm 10,945
7	Homicide Suffocation 26	Homicide Other Spec., Classifiable 73	Unintentional Natural/Environment 22	Unintentional Other Land Transport 49	Suicide Poisoning 363	Undetermined Poisoning 575	Undetermined Poisoning 637	Homicide Firearm 1,132	Unintentional Suffocation 698	Adverse Effects 1,554	Suicide Poisoning 6,808
8	Unintentional Natural/Environment 17	Homicide Firearm 47	Unintentional Pedestrian, Other 18	Unintentional Suffocation 33	Homicide Cut/Pierce 314	Homicide Cut/Pierce 430	Unintentional Fall 504	Undetermined Poisoning 820	Undetermined Poisoning 539	Unintentional Fire/Bum 1,151	Unintentional Suffocation 6,580
9	Undetermined Unspecified 16	Unintentional Struck by or Against 38	Unintentional Struck by or Against 16	Unintentional Poisoning 22	Undetermined Poisoning 229	Unintentional Drowning 399	Unintentional Drowning 363	Unintentional Suffocation 452	Homicide Firearm 538	Suicide Poisoning 1,028	Unintentional Unspecified 5,848
10	Unintentional Fire/Bum 15	Unintentional Natural/Environment 35	Unintentional Firearm (Tied) 14	Homicide Cut/Pierce 19	Unintentional Other Land Transport 177	Unintentional Fall 285	Homicide Cut/Pierce 313	Unintentional Drowning 442	Unintentional Unspecified 530	Suicide Suffocation 880	Unintentional Drowning 3,406

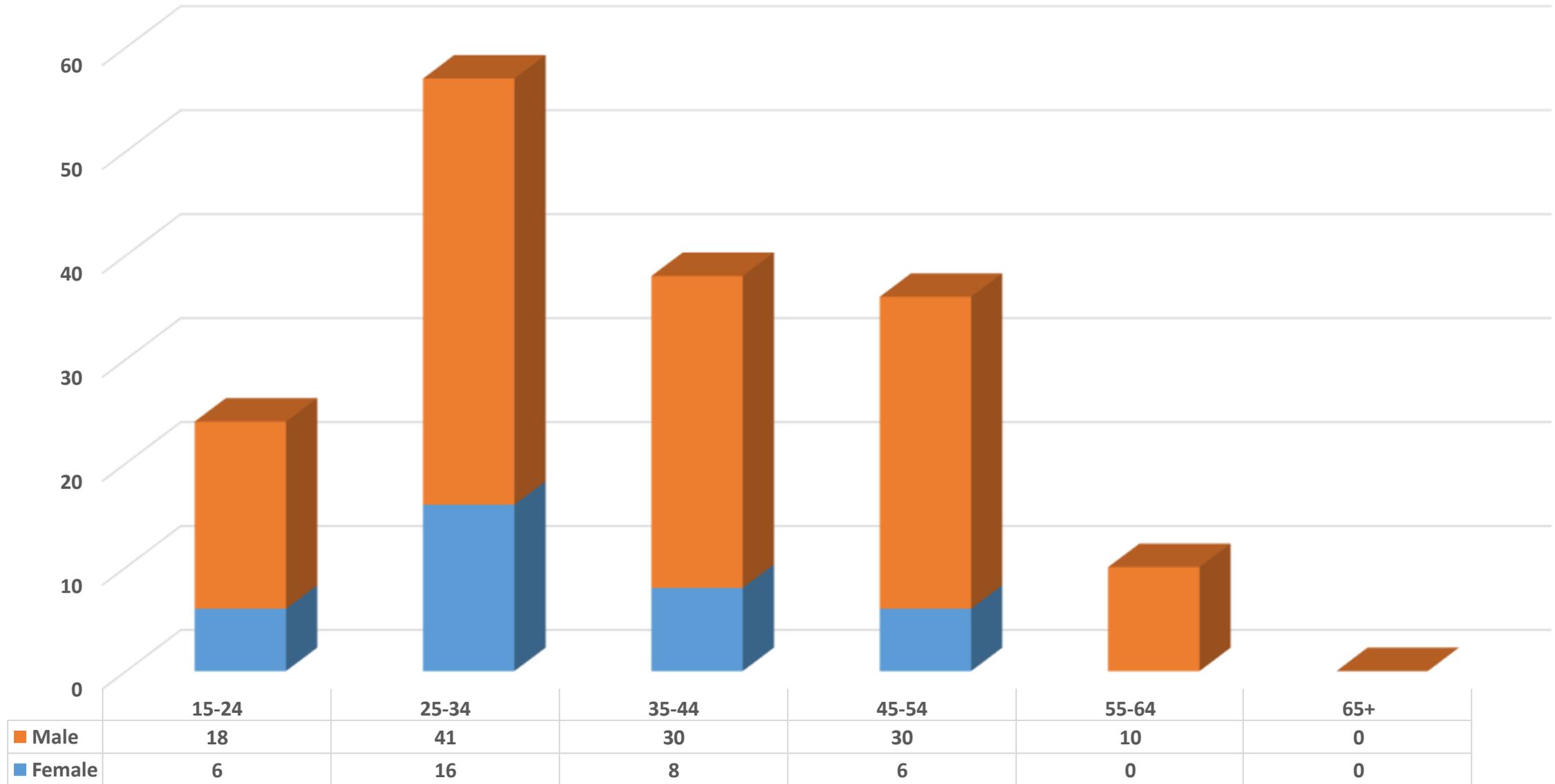
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



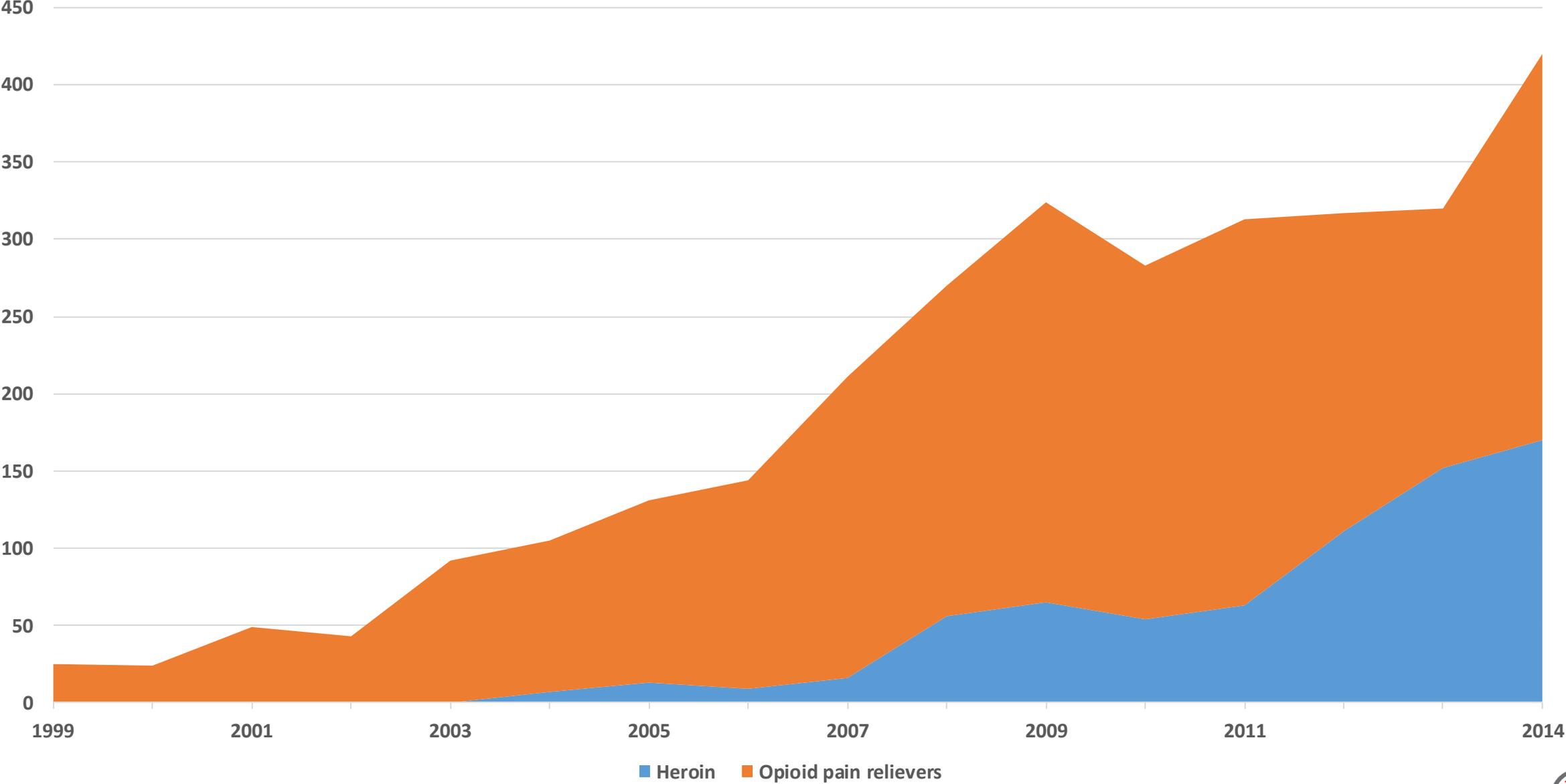
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control



Heroin Overdose Deaths in Indiana 2014



Number of Deaths Involving Opioid Pain Relievers or Heroin in Indiana



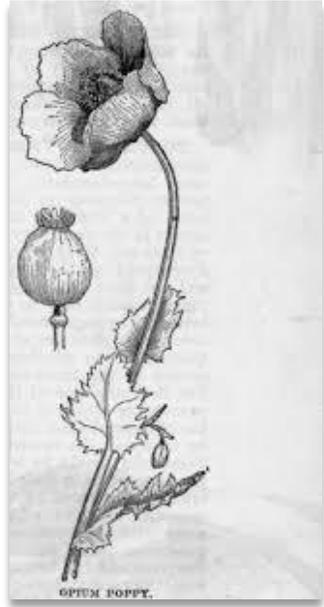
How did we get here?

Opioids are commonly prescribed for pain. An estimated 20% of patients presenting to physician offices with noncancer pain symptoms or pain-related diagnoses (including acute and chronic pain) receive an opioid prescription (1). In 2012, health care providers wrote 259 million prescriptions for opioid pain medication, enough for every adult in the United States to have a bottle of pills (2). Opioid prescriptions per capita increased 7.3% from 2007 to 2012, with opioid prescribing rates increasing more for family practice, general practice, and internal medicine compared with other specialties (3). Rates of opioid prescribing vary greatly across states in ways that cannot be explained by the underlying health status of the population, highlighting the lack of consensus among clinicians on how to use opioid pain medication (2).- *Centers for Disease Control*



A brief history of opiates

- Derived from the Opium Poppy Plant
 - Has legitimate medical use
 - High potential for addiction and abuse and overdose
- 15 million people suffering from opiate dependence worldwide
- 69,000 die annually from opiate overdose worldwide
 - Overdose is the leading cause of accidental death in the United States
 - In 2014 Indiana was ranked 15th in the United States for overdose deaths and one of 14 states that had an increase in overdose deaths over 2013 rates.
- Opioid dependence occurs in every American State, County, socio-economic and ethnic group.



Paths to opioid addiction

- A patient's level of pain and the treatment of the patient's pain have been tied to patient satisfaction surveys
- Society belief in "pain relief"
- Over prescribing. Example: 90 Vicodin tablets for wisdom teeth extraction.



There has not been an overall change in the amount of pain that Americans report, yet the amount of prescription painkillers dispensed in the U.S. quadrupled since 1999.



The opioid epidemic

Paths to Prescription Pain Drug Addiction

- Cultural and societal
- Patient satisfaction surveys
- 39 year-old with back pain
- 17 year-old riffling through their friend's grandma's medicine cabinet
- Grandma forgetting that she already took her pill that morning



Indiana Laws

- IC 16-31-12
 - Expands first responder use of naloxone to EMT's, Police Officers and Firefighters
- IC 16-42-27 Aaron's Law
 - Expands the use of naloxone to the general public.
 - Must have a prescription to obtain (third party allowed)
 - Must be trained
 - Must alert 911 immediately after use of naloxone
 - Must receive information about addiction services
 - In July of 2016 the State Department of Health issued a statewide standing order



Overdose Lifeline Naloxone Distribution Programs

Under Aaron's Law, organizations interested in providing naloxone can register as a distribution entity with the Indiana State Department of Health.

“as a naloxone entity able to act under either the Indiana Statewide Naloxone Standing Order (effective July 1, 2016), or other standing order or prescription for an overdose intervention drug issued by a licensed Indiana prescriber pursuant to I.C. 16-42-27.”

[All statewide registered distribution entities can be found at](https://optin.in.gov/)

<https://optin.in.gov/>



Overdose Lifeline Naloxone Distribution Programs

Overdose Lifeline currently manages two forms of naloxone distribution.

- Distribution to the layperson, often at a community event. Currently we distribute the IM form of naloxone.

<http://www.overdose-lifeline.org/naloxone-distribution-request.html>

- Distribution to first responders. This program is funded through the Indiana Attorney General's Office utilizing funds received from a pharmaceutical settlement. (No state tax dollars have been used.)

<http://www.overdose-lifeline.org/naloxone-request.html>



First responder naloxone program

Counties	Law Enforcement	EMS	Fire Department	Other
32	62	5	16	3

Administered Doses	Lives Saved	Instance Requiring More than 1 Dose	Males	Females
85	77	13	56	29

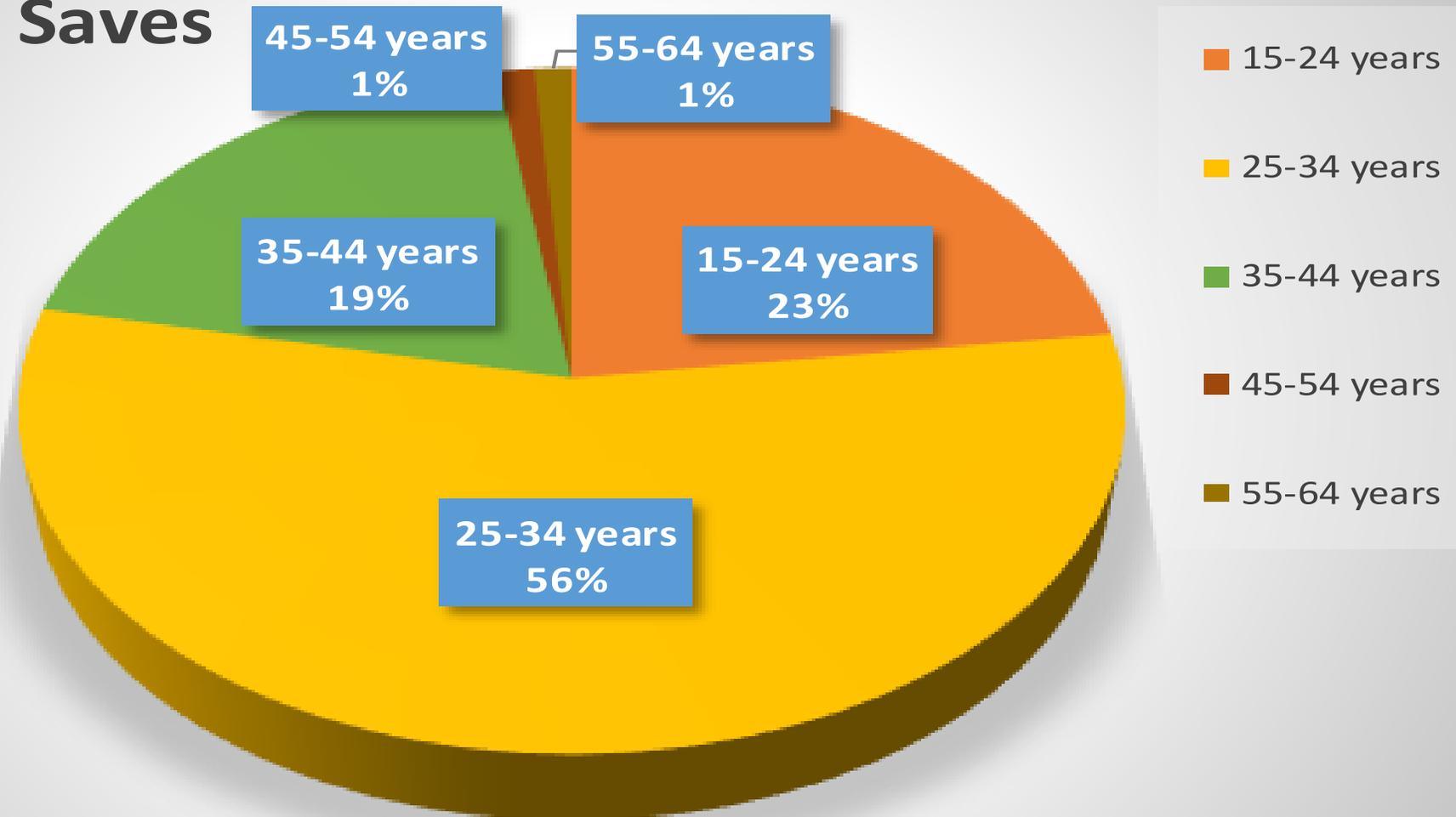
SINCE APRIL 2016

35% of Indiana Counties – 90% Lives Saved Rate – 66% Male



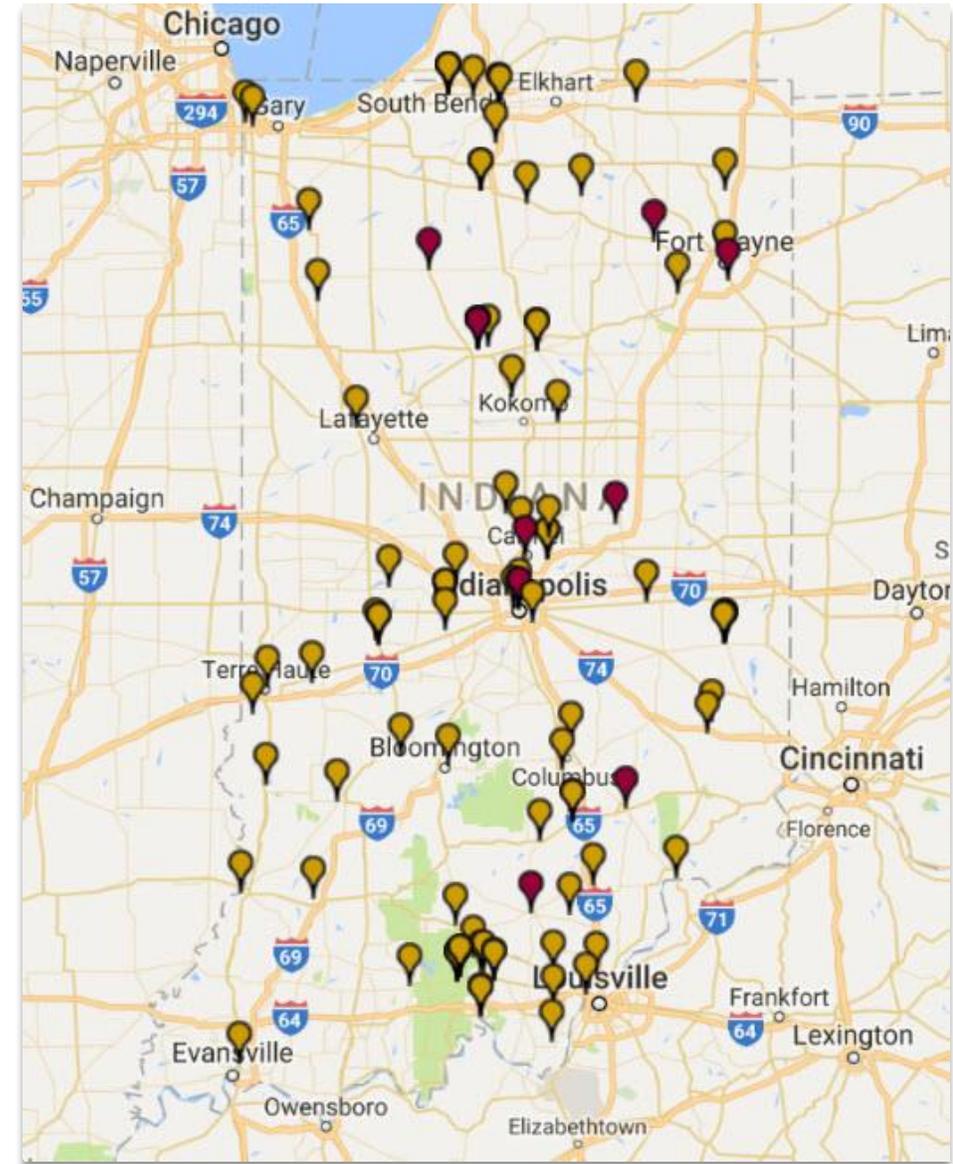
First responder naloxone program

Naloxone Saves



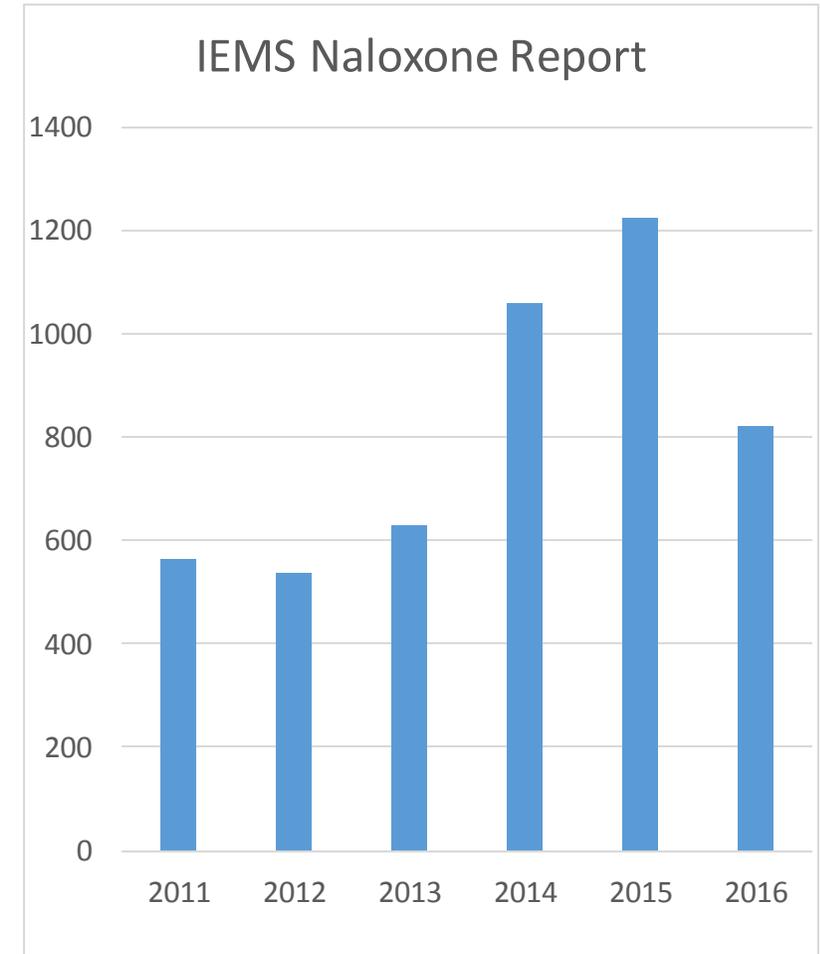
Exceptional counties

- Crawford County
- St Joseph County
- Allen County
- Marion County



IEMS data

PCR Count	2011	2012	2013	2014	2015	2016	Total
Jan	30	42	42	47	45	104	310
Feb	42	50	28	62	71	113	366
Mar	42	52	51	73	88	116	422
Apr	52	48	48	82	107	138	475
May	45	48	61	103	86	136	479
Jun	61	48	67	111	99	152	538
Jul	66	50	48	89	121	62	436
Aug	35	50	59	126	131		401
Sep	45	39	43	106	110		343
Oct	50	31	67	101	137		386
Nov	41	43	63	93	110		350
Dec	56	35	52	68	120		331
Total	565	536	629	1061	1225		4837



Additional resources for first responders

Overdose Lifeline provides ongoing technical assistance and support for first responders.

- Training video
- MOU to establish exchange program with health care provider
- Sample department policy and protocol
- Information explaining the law and immunity under the law
- Sample training programs

<http://www.overdose-lifeline.org/naloxone-for-law-enforcement.html>



Questions

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First Responder Program

<http://www.overdose-lifeline.org/first-responders>

Layperson

<http://www.overdose-lifeline.org/naloxone>



Don't Be A Weak Link:

Developing a Multidisciplinary Public Safety Naloxone Program

DISTRICT CHIEF MIKE BROWN

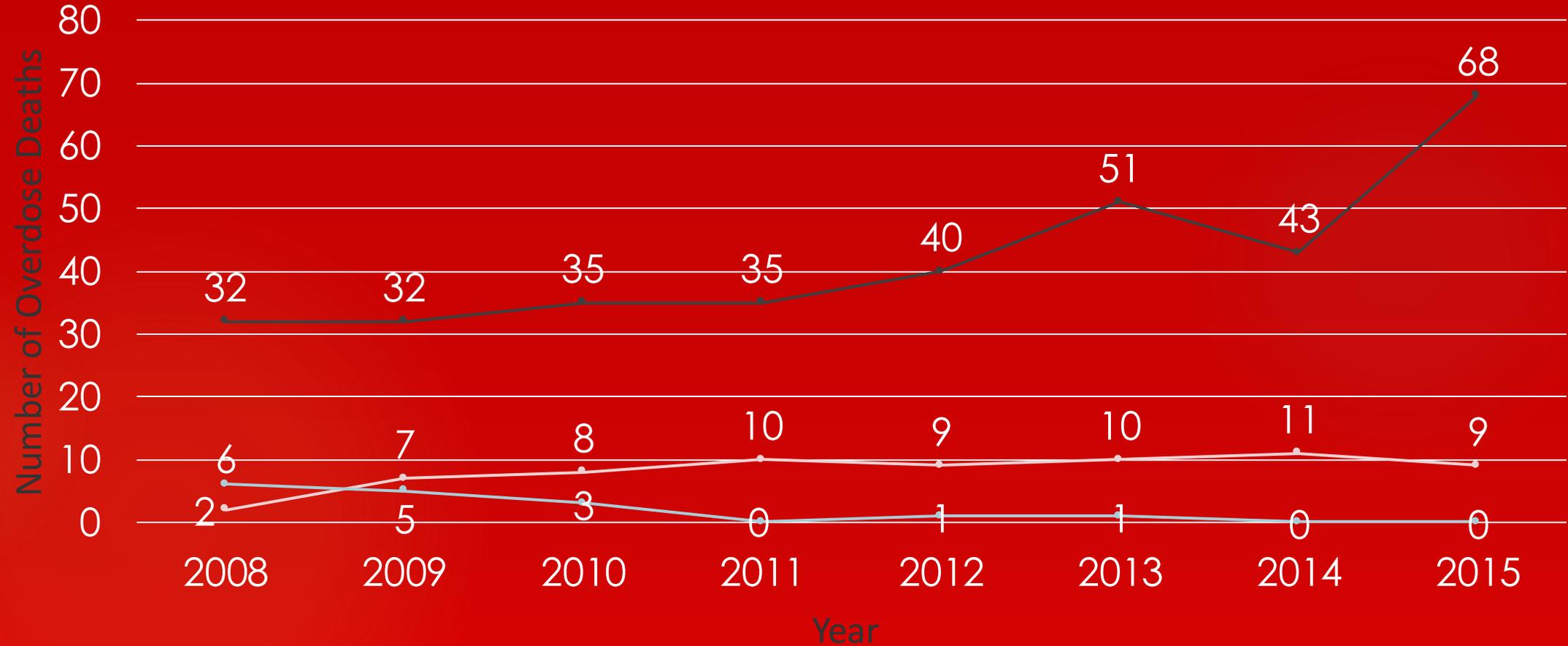
FORT WAYNE FIRE DEPARTMENT

Objectives:

- ▶ Discuss community needs assessment
- ▶ Target appropriate agencies
- ▶ Outline training plan
- ▶ Consider all outreach avenues
- ▶ Discuss multimedia use for offering presentations

Overall Overdose Deaths

Total Overdose Deaths



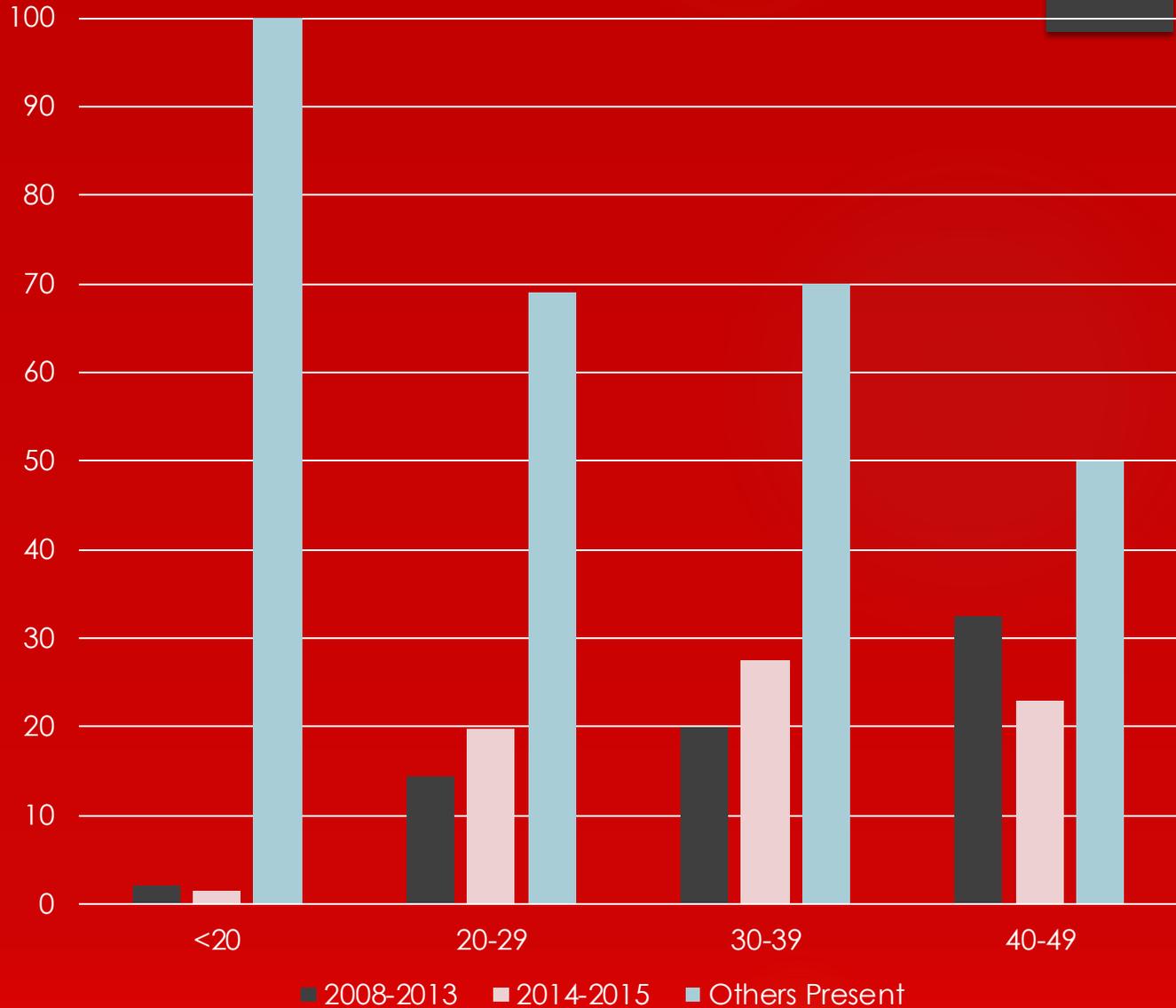
— Accidental — Intentional — Undetermined

November 2014
Dr. Hedrick's Clinics
Close

March 2016
Dr. Cozzi's
Clinic Closes

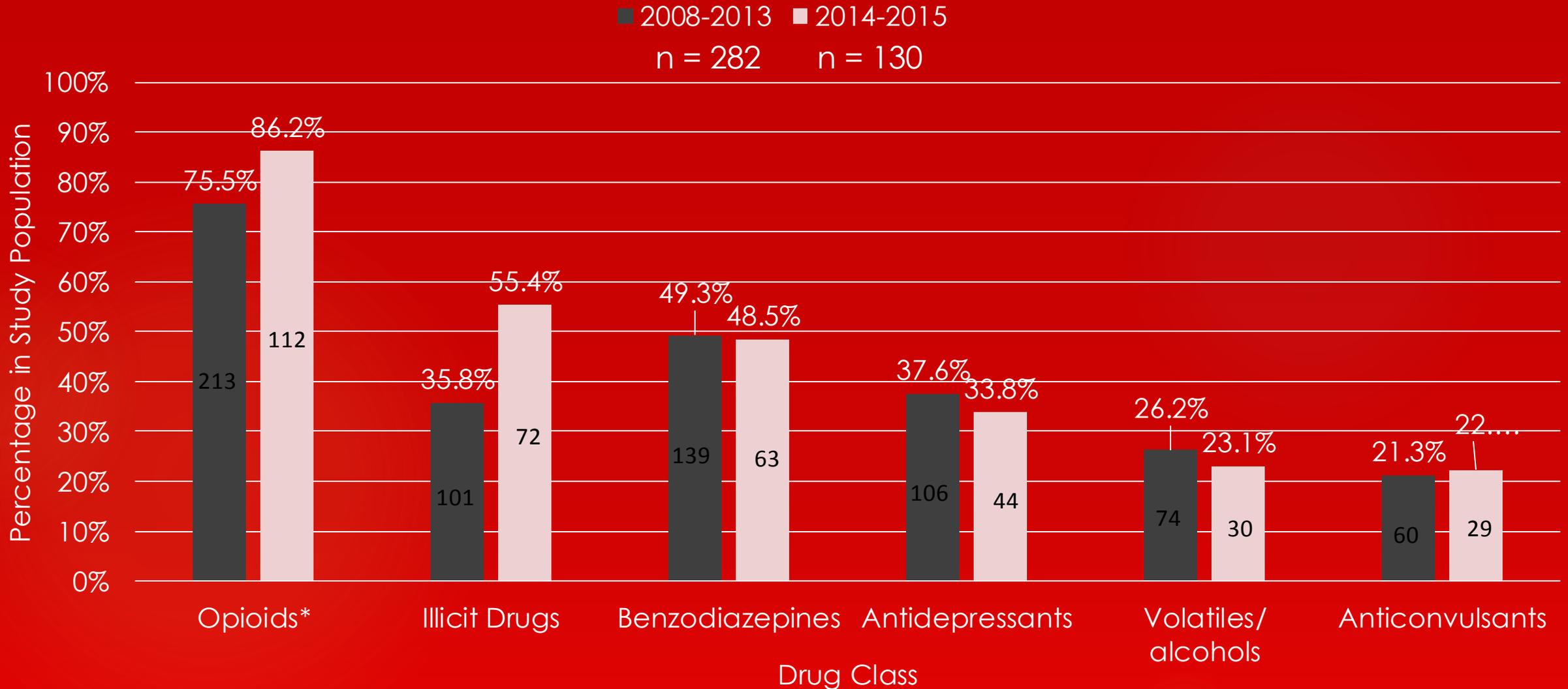
Others Present During Overdose

- ▶ 2008-2015
57% of the overdose deaths had other people present
- ▶ Other people present defined as having another individual in the same residence as the overdose victim. Did not have to witness or be in the same room.



Comparison of Drug Classes

Comparison of Drug Classes Present with at 20% of the Study Population



*Opioids include fentanyl, methadone, and weak opioids

What do we need to teach them?

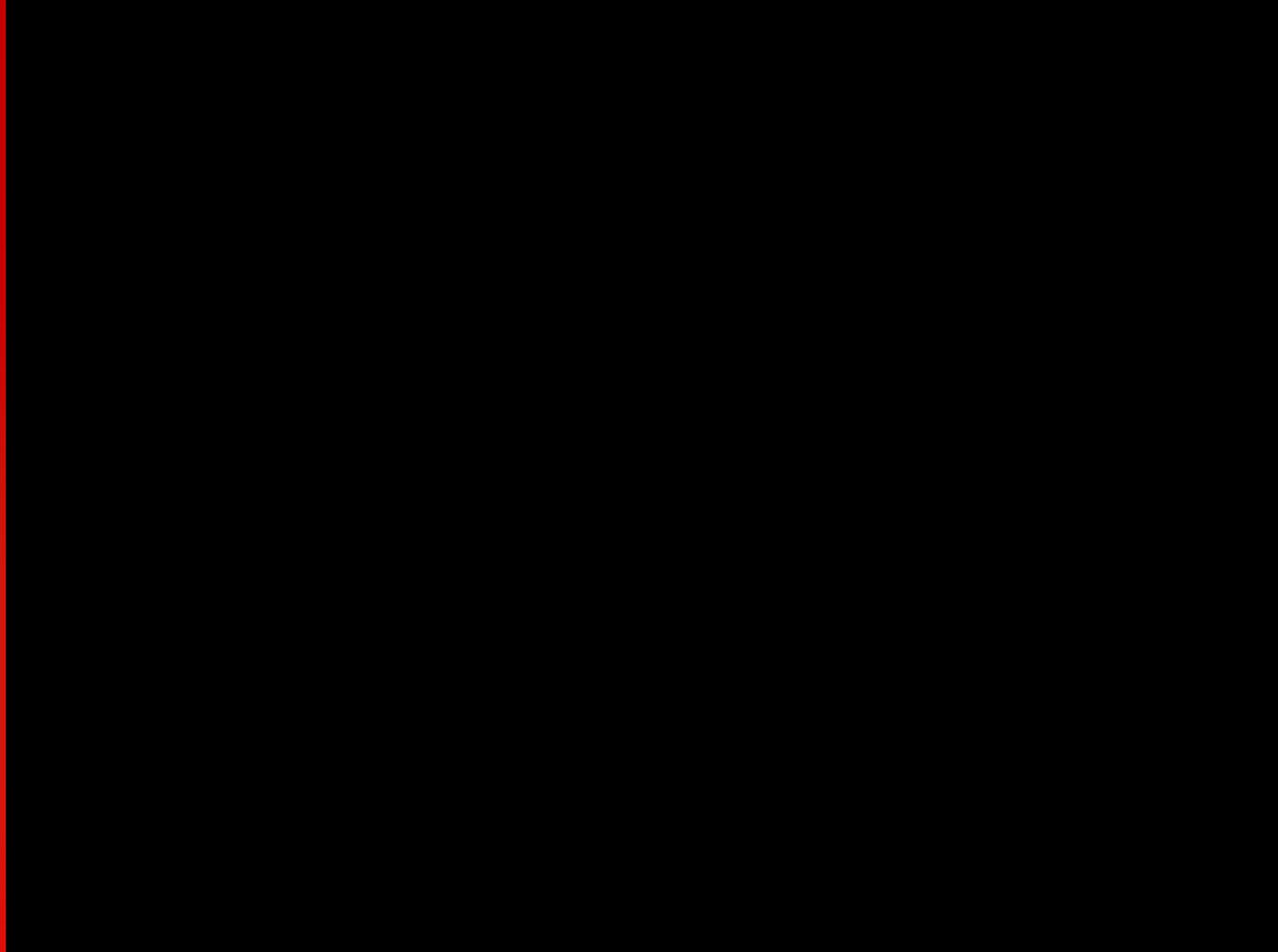
- ▶ REVIEW AND DISCUSS LEGAL CONSIDERATIONS
- ▶ IDENTIFY COMMON OPIOID DRUGS
- ▶ DISCUSS AT RISK PERSONS
- ▶ RECOGNIZE SIGNS AND SYMPTOMS OF OPIATE OVERDOSE
- ▶ USE OF NALOXONE
- ▶ DISCUSS AND PRACTICE PREPARATION OF NARCAN
- ▶ IDENTIFY THE POSSIBLE RESPONSES TO NALOXONE
- ▶ REVIEW CONTINUED SUPPORT OF THE OVERDOSE VICTIM

Naloxone - Narcan

- ▶ Narcotic antagonist
- ▶ Can reverse opiate/opioid overdose effects
- ▶ Can allow person to control airway and breathe again
- ▶ Not effective for treatment of respiratory depression or altered mental status from other causes



Can it really be that easy?



Who are we talking to?

- ▶ Your agency – obvious
- ▶ Other local emergency responders – insure all hazards approach
- ▶ Physicians offices
- ▶ Addiction services
- ▶ Mental health agencies
- ▶ Community centers / Shelters
- ▶ Community nursing programs
- ▶ Colleges – Pharmacy Schools
- ▶ Local Pharmacy
- ▶ While you are at it, everyone else!

FWFD – One Year Later

- ▶ Naloxone kits were distributed August 13, 2015 with the first use about 4 hours after being distributed
- ▶ 67 administrations within first year of use
- ▶ Patient contact to administration average just over a minute
- ▶ Onset of action generally within 1-2 minutes
- ▶ 63% of patients were male
- ▶ Age ranges 19-58
- ▶ No pediatrics

Seems like a daunting task – Partner with technology

- ▶ Virtual classroom / Distance education
- ▶ Discuss specific program implementation

<https://goo.gl/xE3Nx3>



Film Clip

